

PBHCI Grantee Meeting

Update from the Health Resources and Services Administration

June 6, 2017



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Health Resources and Services Administration (HRSA) Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities.
- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care.



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Primary Care

- HRSA supports nearly 1,400 health centers operating approximately 10,400 health center service sites across the country.
- Today, one in 14 people receive care at a HRSA-supported health center, including one in seven people living at or below the Federal poverty level.
 - In 2015, 21% of health centers provide substance abuse services on-site.
 - In that same year, 83% of health centers provided mental health treatment or counseling services.



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Primary Care

- Behavioral health providers working in health center settings are a diverse workforce. More than 7,700 behavioral health FTEs to include psychiatrists, psychologists, social workers and addiction specialists.
- In FY 2014-2015, HRSA provided \$106 million in funding to expand mental health capacity to over 430 health centers, which is expected to establish or expand services to more than one million people nationwide.

<https://bphc.hrsa.gov/qualityimprovement/clinicalquality/behavioralhealth/index.html>



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Primary Care

- March 2016, HRSA distributed substance abuse service expansion (SASE) awards - \$94 million, 271 health centers:
 - Establish or enhance an integrated primary care/behavioral health model.
 - Increase the number of patients screened for substance use disorders and connected to treatment via SBIRT and other evidence-based practices.
 - Increase the number of patients with health center-funded access to MAT for opioid use and other substance use disorders treatment by adding at least 1.0 FTE substance abuse services provider(s).
 - Add new or enhancing existing substance abuse services directly and/or through contract.
- An Opioid Addiction Treatment (OAT) ECHO launched in January 2017 to support SASE awardees, there are currently over 80 health centers participating in the multidisciplinary OAT ECHO clinics

<https://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/>



(ECHO = Extension for Community Healthcare Outcomes)

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Ryan White/HIV

- An estimated 10 to 28 percent of people living with HIV have co-occurring substance abuse disorders and mental illnesses, which can be critical barriers to retention in care and adherence to treatment.
 - In 2015, 13 percent of clients (nearly 70,000) received mental health services from Ryan White HIV/AIDS Program providers.
- Innovative Methods for Integrating Buprenorphine Opioid Abuse Treatment in HIV Primary Care Settings (2004-2009)
 - 5-year, national, multisite study highlighted the value of a team approach to MAT in HIV settings.
 - Longer retention on Suboxone was significantly associated with higher rates of ART initiation and viral suppression.; increased ability for individuals to manage their care, keep appointments.

<https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/spns-initiative-buprenorphine-opioid>



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Maternal and Child Health

- The Maternal, Infant, and Early Childhood Home Visiting Program provides grants to states, territories, and tribal entities to support voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry.
 - In FY2015, HRSA-supported Federal Home Visiting Programs served approximately 145,500 parents and children in 825 counties in all 50 states, DC, and five territories.
 - Home visitors conduct screenings and provide referrals to address postpartum depression and substance abuse and connect families to other resources and services. <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>
- The Healthy Start grant program provides grants to 100 organizations across the country to help reduce disparities in maternal and infant health status in high-risk communities.
 - Healthy Start supports women before, during, and after pregnancy up through two years after delivery.
 - All grantees in the Healthy Start program use standardized, evidence-informed screening tools to identify women with perinatal depression or substance use problems and ensure follow up to any referrals made. <https://mchb.hrsa.gov/maternal-child-health-initiatives/healthy-start>



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Rural Health

- The Rural Health Care Services Outreach Grant Program supports projects that demonstrate innovative or effective models of outreach and service delivery in rural communities.
 - Currently, 6 out of 13 projects focus on behavioral health.
 - For example, in two Western Pennsylvania counties, an Addiction Recovery Mobile Outreach Team has created a consortia to enhance the linkage between rural hospital emergency department/inpatient units and community-based substance abuse treatment services. www.hrsa.gov/ruralhealth/community/index.html
- The Rural Health Network Development Planning Grant Program.
 - Provides grants to promote the planning and development of healthcare networks in order to achieve efficiencies; expand access to, coordinate, and improve the quality of essential healthcare services; and strengthen the rural healthcare system as a whole.
 - Many of these networks include a focus on behavioral health integration, telehealth, care coordination, and outreach activities to increase awareness of available behavioral health services.



A number of grantees are working to build regional capacity for substance use care. www.hrsa.gov/ruralhealth/community/index.html

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Behavioral Health Workforce

- HRSA's workforce programs support integration by increasing the number of mental and behavioral health providers and by placing health professions students, clinicians, and paraprofessionals in integrated care settings to develop an understanding of and familiarity with integrated care.
- The Behavioral Health Workforce Education and Training (BHWET) Program is administered in partnership with SAMSHA.
 - Grantees are required to develop and implement interprofessional training and integration with primary care including training of master's-level behavioral health students and psychology doctoral interns and students in community and technical colleges with a special focus on the needs of individuals ages 16 to 25, at-risk for mental illness, substance abuse or suicide.



bhw.hrsa.gov/grants/mentalbehavioralhealth

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Behavioral Health Workforce Data

- National Center for Health Workforce Analysis (NCHWA) collects and analyzes health workforce data and information in order to provide national and state policy makers, researchers, and the public information on health workforce supply and demand.
www.bhw.hrsa.gov/health-workforce-analysis/about
- NCHWA publication *National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025* (November 2016).
www.bhw.hrsa.gov/health-workforce-analysis/research/projections
- NCHWA supports seven Health Workforce Research Centers, including the *Behavioral Health Workforce Research Center (BHWRC) at the University of Michigan*.
 - Recently completed report on barriers and best practices for primary care and behavioral health workforce integration.
<http://www.behavioralhealthworkforce.org/>



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Behavioral Health Workforce Distribution National Health Service Corps

- The NHSC works to build healthy communities by providing financial support to health care providers dedicated to working in areas with limited access to care.
 - The NHSC Loan Repayment Program supports behavioral health practitioners, including psychiatrists, clinical psychologists, clinical social workers, licensed professional counselors, marriage and family therapists, psychiatric physician assistants, and psychiatric nurse specialists. www.bhw.hrsa.gov/loansscholarships/nhsc
- Over the past 20 years, behavioral health clinicians have grown to over 30% of the total NHSC Field Strength, and represents the largest discipline of all NHSC providers.
 - In FY 2016, the NHSC had a field strength of 10,493 health care providers, 3,662 of those are behavioral health providers and paraprofessionals.



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Building Bidirectional Integration SAMHSA/HRSA Center for Integrated Health Solutions

- **Technical Assistance and Training Center on Primary and Behavioral Health Integration:**

Integrated Care Models
Workforce
Financing
Clinical Practice
Operations & Administration
Health & Wellness

- **Improving Access to Primary Care for Behavioral Health Patients & Access to Behavioral Health for Primary Care Patients.**
- **Contractor - National Council on Community Behavioral Health Care and a large cadre of partners.**



SAMHSA/HRSA Center for Integrated Health Solutions



www.integration.SAMHSA.gov



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Organizational Readiness

- **[Standard Framework for Levels of Integrated Healthcare](#)** A six level framework that can be used for planning.
- **[Four Quadrant Model](#)** Describes levels of integration in terms of medical and behavioral health complexity and risk.
- **[Integrated Practice Assessment Tool](#)** Simple tool to establish goals for integration.
- **[Culture of Wellness Organizational Self Assessment](#)** A 10 domain questionnaire to assess organization's readiness for wellness programming.

- **[Quick Start Guide to Behavioral Health Integration](#)** An interactive flowchart for PC providers integrating behavioral health care.
- **[Bridging the Culture Gap: Approaches to Communication in an Integrated Care Setting](#)** Identify 3 approaches to effective communication across behavioral health and primary care providers.
- **[MAT Checklist](#)** Key considerations before implementing MAT.
- **[Integrated Care Team Huddle Checklist](#)** Learn about one organization's game plan for Integrated Care Team huddles.



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Workforce and Clinical Practice

- [Core Competencies for Integrated Behavioral Health and Primary Care](#)
Provides gold standard for providers working in integrated care
- [Essential Elements: Integrated Care](#)
Summarizes the essential ingredients of integrated care.
- [Building the Capacity for Behavioral Health Services within Primary Care and Medical Settings](#)
Recommendations to guide practitioners in achieving more integrated behavioral health services.
- [SBIRT](#)
A public health approach to identifying and intervening for substance use.

- [Motivational Interviewing](#)
An approach to help individuals with substance use and mental illness engage in healthy behavior change.
- [Mental Health First Aid \(MHFA\)](#)
Training on identifying signs and symptoms of Mental Illness.
- [Whole Health Action Management](#)
Training program and peer support group model developed to encourage increased resiliency, wellness, and self-management of health and behavioral health among people with mental illnesses and substance use disorders.



Health and Wellness

- [Health Promotion Resource Guide](#)
Resource to help providers and administrators select evidence based practices.
- [Helping Clients Make Healthy Food Choices and Increase Physical Activity](#)
A guide for providers on supporting people to take achievable steps toward their healthy living goals.
- [The Business Case for the Integration of Behavioral Health and Primary Care](#)
Identify key talking points needed to help make the business case for integrated care.

- [Oral Care is Rooted in Rooted in Whole Health](#)
eSolutions on understanding the importance of addressing oral health in integrated settings.
- [Establishing Tobacco Cessation Protocols in Health Centers](#)
Presentation on implementing tobacco cessation protocols in health centers.
- [The Heart of the Matter](#)
eSolutions on Heart Disease and Mental Illness.



Financing and Sustainability

- [Billing/Coding Worksheets](#) To help clinic managers, integrated care project directors, and billing/coding staff bill for services related to integrated primary and behavioral health care.
- [Billing Effectively \(and accurately\) for Behavioral Health](#) Presentation billing for integrated care.
- [The Business Case for the Integration of Behavioral Health and Primary Care](#) Identify key talking points needed to help make the business case for integrated care.

- [Sustainability Check List](#) Organizational self assessment tool that helps establish goals for sustainability.
- [Sustaining Integrated Care – Lessons Learned](#) An Issue Brief that outlines key strategies for integration.
- [Lessons Learned from Integration](#) [Pioneers Footing the Bill for Integrated Care](#) eSolutions guide and case study on sustaining integrated care.



Summary

Common Elements/Common Issues in Building Integrated Care

Elements

- Screening
- Team-Based Care
- Shared Information System
- Use of Evidence Based Guidelines for Care
- Registries/Benchmarking/Performance Measures
- Care Coordination (inside and outside of practice)
- Person-Centered Care/Patient Engagement

Issues

- Financing
- Workforce
- Leadership



Resources

- HRSA Website: www.hrsa.gov/index.html
Includes links to:
 - Health Center Program
 - HIV/AIDS Programs
 - Maternal and Child Health
 - National Health Service Corps
 - Rural Health
 - Workforce Initiatives
- HRSA's ten regional offices support grantee efforts to build integrated models of care.
www.hrsa.gov/about/organization/bureaus/oro/index.html



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Questions?



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Contact Information *(last slide)*

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